



Mail or fax to:  
**FasTrak™ Customer Service Center**  
P.O. Box 4033  
Concord, CA 94524  
**FAX (925) 686-8866**

Name \_\_\_\_\_

Account \_\_\_\_\_

Address \_\_\_\_\_

Current Number of Internal Transponders \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Current Number of External Transponders \_\_\_\_\_

### Request for Additional Transponder(s)

#### 1. CALCULATING YOUR TOLL PREPAYMENT

I want \_\_\_\_\_ more internal transponders.

# OF TRANSPONDERS X \$40.00 = \$ \_\_\_\_\_ (A)  
(Toll prepayment)

I want \_\_\_\_\_ more external transponders.

#### 2. CALCULATING YOUR TRANSPONDER DEPOSIT

##### Cash or Check Accounts

There is a refundable transponder deposit of \$30.00 per internal or external transponder.

# OF TRANSPONDERS X \$30.00 = \$ \_\_\_\_\_ (B)  
(Refundable deposit)

##### Credit Card Accounts

If the number of transponders you already have, plus the number you are requesting is **3 or fewer**, no deposit is required. If the total is **4 or more**, add a deposit of \$30.00 for each additional transponder.

#### 3. TOTAL PAYMENT REQUIRED

TOTAL PAYMENT \$ \_\_\_\_\_ (C)  
(Total payment = Line A + B)

#### 4. VEHICLE INFORMATION

Please list all vehicles.

License Plate	State	Make	Model	Year	Color
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#### 5. PAYMENT INFORMATION

CHECK: Make check payable to CA DOT. Mail payment with this form to above address. *Do not send cash in the mail.*

CREDIT CARD: Enter card information below and return by fax or mail.

☐ Visa

☐ MasterCard

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Card Number Exp. Date (MM/YY)

\_\_\_\_\_  
Name Printed on Card

I understand the FasTrak™ License Agreement remains in effect for all transponders added to my account. If paying by credit card, I authorize the FasTrak™ Service Center to charge the amount indicated above to my card.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_